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Digest of Minutes.

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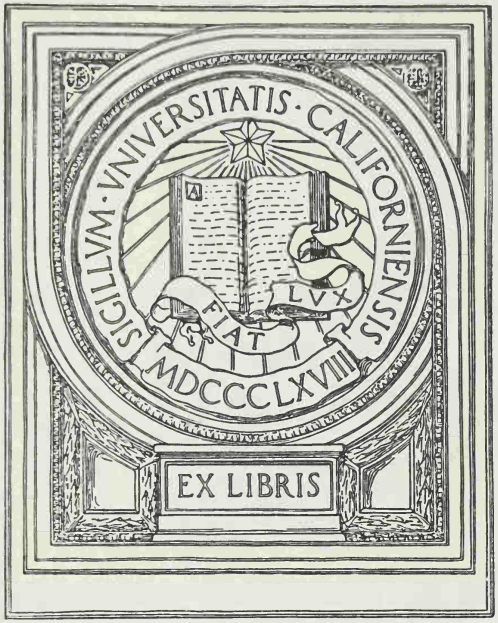

Gt. Brit. National Health Insurance Committee. Committee on Sickness Benefit Claims under National Insurance Act.

# DIGEST OF MINUTES

OF

# Evidence Taken Before the Committee on Sickness Benefit Claims

## 1914

## Under the National Insurance Act of England, 1911

THE MINUTES PRESENT THE VIEWS OF REPRESENTATIVE PHYSICIANS OF ENGLAND IN REGARD TO MEDICAL CONDITIONS UNDER THE NATIONAL HEALTH INSURANCE ACT OF ENGLAND.

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520 Underwood Building,

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## FOREWORD.

In reading this digest of the evidence, it should be borne in mind that "contract medicine" was prevalent in England before the Health Insurance Act. And in contrasting conditions of practice met by doctors under the act with conditions previous thereto, many of the doctors had contract medicine in mind. Others distinctly refer to private practice, as we know it, with the fee system of remuneration.

# DIGEST OF MINUTES OF EVIDENCE TAKEN BEFORE THE COMMITTEE ON SICKNESS BENEFIT CLAIMS, 1914, UNDER THE NATIONAL INSURANCE ACT OF ENGLAND, 1911.

*Dr. Alfred Cox*: Medical Secretary of the British Medical Association.

Dr. Cox forwarded questions as to the workings of the act to secretaries of every local committee, and received answers from 111 insurance areas out of 125 in England—from nearly 400 individual practitioners in all. The evidence he gives is based on these answers to his questions.

Arrears of sickness at inception of act.

He testifies: Hardly too much emphasis can be placed upon the so-called "arrears of sickness," which has proved to be very great. Due to the fact that many of the wage earners have had little or no medical supervision, they require a great deal of assistance at first to meet the arrears of sickness. This, of course, will pass away in the course of time, and the amount of sickness attendance needed will sink to normal.

The doctors themselves have been surprised at the great amount of illness receiving attention for the first time, under the act. I never was so struck by anything in my life as I have been at the way in which the profession seems to have been surprised at the apparently undiscovered amount of sickness which was going untreated beforehand and which is now getting attended to.

Though at first persons who were not used to consulting a physician bothered physicians by not trying to suit their convenience as to consultation hours, and by not obeying orders, things are improving, and the profession has been pleased and surprised at the way in which the discipline of the insured persons has gradually improved.

In the early days there was much resentment felt at the connection of the doctors with health insurance, but that has worn off and the doctors are adjusting themselves admirably.

Adaption of medical profession to health insurance work.

Whereas the doctors at first looked at the act and its working only as doctors, they are now realizing that they are citizens as well as doctors and are getting the wide point of view of the significance of the entire system.

There are now being made attempts at cooperation between the approved societies who are administering the sick benefit and the doctors who are working the medical benefit, despite the fact that violent and venemous things were said on both sides when the act went into effect.

Objection of doctors to control of medical work by approved societies.

The doctors feared that there might be some plan for giving the approved societies control of the medical benefits, and so refused to have anything to do with the societies at first. The doctors definitely would not touch a system where such control was allowed.

In regard to the question of a man's right to a certificate for sick benefit, as incapable of work, the doctor must be the judge of incapacity. It is not the province of the lay official.

Impossibility of immediate diagnosis in all cases.

There are many instances where a doctor can not diagnose at first. It is not right to make him put the name of a specific disease at once; it does not encourage truthfulness. The man should be permitted to state "not yet diagnosed."

Danger of naming the disease in certain cases.

There are many cases where it is bad to put the specific disease on the certificate—early phthisis, heart disease, cancer, etc.—because of the bad effect it has on the patient. A euphemism may be used without harm to the funds of the society or the nervous system of the patient.

Suggested amendments in certification system by medical profession.

The wording of the certificate, "I have this day examined," etc., together with the dating of the certificates a certain day every week, makes a great deal of difficulty for the doctor. He can not always see the patients on the "certificate day" of the society. It would facilitate the work of the doctors if they were not tied down to giving a certificate on a particular day of the week, either for "declaring on" or "declaring off." If the "declaring off" certificate were made available for every occasion, and the doctor were not tied down to any particular day, there is a much greater chance of the patient being actually declared off on the first day on which he becomes capable.

Size of panel practical for a doctor.

The question of whether a doctor can handle 2,000 patients or more depends on the area covered and on the man. In purely industrial districts, an active, energetic man might well manage a panel of 2,000 and his private practice with comparative ease. On the other hand, 2,000 in a country area would be an impossible number. Of course we realize it is bad for the public and for the profession that a man should have more on his list than he can properly attend to. Our difficulty is to fix the proper number.

Professional honesty under the panel system as compared to private practice.

The average doctor has the average amount of human nature, and the financial bearings of this question must necessarily enter into consideration. It is much easier for the doctor to be absolutely honest in his professional work under the act than in private practice. In private practice the doctor has to think always of what the person may mean in a financial way; under the act he receives his remuneration for the year, and his only question then is that of keeping the patient well. If a patient is not satisfied with his work or his decisions in regard to certificates, he transfers at the end of the year to another doctor, and a very small sum comparatively is involved.

I have talked this matter over at a good many meetings of medical men, and on the whole they agreed that it is easier to be professionally honest under the panel system.

Desirability of medical referees to review work of panel doctors.

The employment of real referees would be cordially welcomed by the profession, probably unanimously so. The profession think the referees should be whole-time men appointed by the commissioners and paid a salary. I think this statement would be backed by most of the medical men in the country. You would rarely get the kind of men you want under 40 years of age.

I hope you would use your referee not only as a person to determine the right of a man to an incapacity certificate, but

for giving second opinion. It would improve the general standard of medical service considerably. The referees might have to exercise certain disciplinary functions. I have certainly thought so.

The referee should be capable of being called in by the doctor, the society, or the insurance committee, without the patient ever knowing who calls him in.

There should be a system devised whereby the duplicate of all certificates would automatically come under the review of the referee. The referee would know about how long the various diseases should incapacitate, and could check on the medical service rendered. Doctors would be more careful in their work, so as not to be pulled up often by the referee.

Consultation with the panel doctors would be an important part of the referee's duties. The referee must be more a consultant than a mere referee.

The doctors, before the passage of the act, did not desire referees. Their experience under the act has made their desirability evident.

Advantage of trained sick visitors.

The great majority of the doctors lay stress upon the value of good sick visitors as an aid to the doctor and to the societies. The ordinary insurance agent as a sick visitor is strongly deprecated. A minority think the present sick visitor so bad as not to be worth anything. An efficient sick visitor would be a discreet woman who will not try to interfere in the doctor's work, a woman who has been trained as a nurse.

Malingering.

Domestic servants and casual workers are the hardest patients to handle from the standpoint of malingering. There is very little evidence of malingering.

Not many cases of neglect of panel patients.

There is not much truth in the statement that doctors are making a marked difference between their panel and private patients. Of course, when you are dealing with 20,000 medical men, you find all sorts of men. Some are snobs and have a poor idea of professional responsibility, but this state of things is not general and will gradually die away.

Low wages and overwork of women cause high sickness rate.

The women factory workers are in such bad health as a normal thing, because of overwork and low wages, that small illnesses incapacitate them and they are sick longer than a normally healthy person.

The lack of institutional treatment for severe cases is the cause of much protracted illness.

Advantages of free choice.

Free choice is one of the most valued principles of the insurance act. It leads to the very best kind of relationship between a doctor and his patient. It is helpful as a "remedial" measure. Without free choice, you are without one of the best guarantees of an alert and satisfactory medical service.

Difficulties of certification of venereal disease.

Despite the requirement of the law of stating the specific disease, doctors usually do not certify venereal disease in the case of married women. In many cases they do not even tell the patient. When venereal disease is compulsorily notifiable, you will get over a good deal of the difficulty.

Need of pregnancy benefit.

Doctors are agreed that for the sake of the pregnant woman and the future child, women should be at home and not at work during the last four weeks before confinement. I should be very glad to see no woman at work after the seventh month of pregnancy, at least factory workers. Every practitioner states that to keep women at home during this period would mean a decrease in future sickness of women. In the opinion of many doctors, the maternity benefit given has resulted in many women having better nursing and better attendance at the time of childbirth, which saves many from becoming chronic invalids.

I think a state medical service of whole-time medical men might be a good thing for the profession, but a very bad thing for the patients. The profession might get better incomes, and shorter hours and pensions.

Large panel not indication of laxity in certification.

Some of the doctors who have the biggest panels have secured the large number because they are lax in their dispensing of certificates. This is not the general rule, however.

Need of nursing system.

It is generally admitted that providing nursing is a sort of natural consequence of the provision of medical attendance and would certainly improve the service considerably. If a system of nursing were established, the control should be in the hands of one authority.

Difficulty of interpreting term "incapable of work."

It is difficult for medical men to interpret the phrase "incapacitated for work," as the insurance official does. The doctor, in case his patient can only work at a definite hazard to his health, certifies him for benefits. In case the patient has an infectious disease, dangerous to fellow workers, the doctor certifies him.

Disadvantages of "payment per visit" system.

The system of payment per attendance, effective in Manchester and Salford—I gather from the answers of the doctors—has a prejudicial effect in two ways. There is a tendency for the doctor to keep people on the list rather than to do his work quickly and get them well and off the list. Then this system carries with it the right of the patient to change doctors, not only at the end of the year but whenever he pleases. And the patient goes about until he finds the doctor who is easiest at certifying. The doctor has to face the risk of his patients constantly switching to other doctors.

Disadvantages of whole-time medical service.

I feel that it would be a grave mistake to go from the present panel system to whole-time medical service. By improvement of the panel system through referees and consultants, you can get all the advantages claimed for the "whole-time service" and at the same time retain the advantages of the "free choice" of the panel system.

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*Dr. J. A. Parsons*: 600 patients.

More practice than before the act.

I have considerable private practice in addition to my panel work, and I am of the opinion that I do considerably more work under the act than I did before. Of course I have about 200 more patients than I had formerly. I have a rural district.

In regard to the certification of debility, I think it might fairly be accepted as an initial certificate, but at the end of ten or fourteen days some more particularly definite diagnosis should be made and put on the certificate. Certification of debility.

The feeling of the medical men in my district is that sick visitors would be of undoubted value, though of course it is of the greatest importance that they do not go at their work as obvious detectives. Value of sick visitors.

I should distinctly welcome a referee medical man to whom all suspicious cases could be referred. Medical referee.

I feel that, though as a rule the doctor should put the absolute truth on certificates, there are cases where it is justifiable for the doctor to put a synonym not understood by the layman. These, of course, would be rare cases, and on high ethical grounds perhaps there is no justification for the deception involved, but as a practical matter the doctor will not certify a venereal disease when suffered by a married woman who acquired it innocently from her husband. When use of synonym for actual disease is justified.

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*Dr. C. A. Marsh*: M.D., University of London; Member of Royal College of Surgeons; late clinical assistant in the Light Department of London Hospital; House Surgeon and House Physician at Poplar Hospital; assistant medical officer, Darenth Asylum.

I have been selected by the British Medical Association to give evidence. I have 2,000 persons on my panel and I practice in an industrial suburb of Bath, where I have almost every class of wage earner. I have also about 700 private patients.

There are the same number of doctors and patients in Bath as before. I have about the same number of patients, but my work is not more than before, though I see more patients. This is because I have reorganized my work, use a card index system, and do not do my own dispensing. I pay about the same number of visits as formerly, but see many more patients at my surgery. They come to me a great deal more often than if they had to pay specially. I believe that on the whole I give my patients better attention than I did before. I do more small operating work than I did before. Sees more patients and gives better attention than before the act.

I can not remember a single case of real malingering in the last six months. Almost always the patients who want to stay on longer, exaggerate their condition to themselves. Malingering.

I believe the importance of avoiding such certifications as "heart disease" and "cancer" is very much exaggerated. The cases are quite rare. I consider it justifiable to certify "debility" as a temporary diagnosis, but not as a permanent diagnosis. "Debility" as temporary diagnosis.

I think it would be to the interests of panel doctors to have a referee—a salaried man, and an outsider, preferably—appointed by the insurance committees or the commissioners. The referee should be a consultant.

He would be the sort of man who could be called in to help as consultant in doubtful cases. His decisions on the question of "incapacity to work" should be accepted absolutely without question by all parties. The practitioner should always have the right to be present. The referee should not have the right to interfere in diagnosis and treatment unless the panel doctor called him in. I think if the cases were very freely sent to a referee, the chances are that a good many of them would be more in the nature of a consultant's work.

All certificates should come to the referee, who should be a whole-time man receiving at least 750 pounds a year.

If it were possible that all certificates could be sent to the office of the medical referee and come under his systematic revision, I think there would be undoubted advantages. There might be disadvantages also—I am not so certain about that. I subscribe, however, to the view of the British Medical Association that there should be whole-time referees appointed by the commissioners; that the man should be of good standing in the profession, and should receive 750 pounds a year at least, with the prospect of a pension. This referee system would help to standardize certification, as the panel doctor would realize there was a check on his certificate and would have care in issuing "loose certificates."

Doctors give certificates for sick benefits at the present time to persons who are unable to follow their usual occupation.

Doctors are adjusting themselves to supervision.

The doctors feel a responsibility for their actions, to the insurance committee. Those doctors who never did friendly society work before the act find it a new experience to be responsible to anyone, but they are adjusting themselves.

Cooperation between doctors and societies.

I believe that one of the remedies for excessive sickness claims is more cooperation between the approved societies and the doctors.

I do not approve of making the faintest distinction between an insured person and other private patients. And though the doctors as a whole opposed the act and were slow to adjust themselves, they are doing so honestly and fairly.

Number on panel.

The number of persons a doctor might be justified in having on his list, if he had no practice at all and the persons were not too scattered, would be 3,000 to 4,000.

Sick visitor should not be a trained nurse.

I do not think it would be at all desirable to have a trained nurse do the sick visiting. The functions of a nurse and a sick visitor are absolutely separate. The nurse would be apt to assume the prerogatives of the doctor.

Panel system should be continued.

It is the view of the British Medical Association, and it is my strong personal view also, that it is to the interests of the doctors that the present panel system be continued. Of course we believe in bettering the service under the system, if there can be some adjustment of this same system.

Certificate given by doctor to patient, and through society to referee.

I have always felt that the certificate should be given by the doctor to the patient. In case all the certificates had to go through the hands of the referee, the approved society should turn it over to the referee after receiving it from the patient.

It should not be compulsory for the panel doctor to attend a patient with the referee, when the latter is looking over the case; it should be optional with the doctor. It is certainly outside his present agreement, and it might take altogether too much of his time. It should not be compulsory that doctor see patient with referee.

Of course it would be quicker to send a copy of the certificate directly to the referee, but that involves a breach of professional confidence. Perhaps that disadvantage is outweighed by the advantages, but I do not think so.

My income and work have increased since the act went into effect, and I think that on the whole they balance each other. I am about as well paid for my private practice as for my panel work. As far as the remuneration is concerned, I think I am financially well off under the act, and I am quite satisfied. Income and work have increased since the act.

Certificates should be made as simple as possible for the convenience of the doctor. They should be so worded that the doctor can declare a man on or off benefits any day in the week. Certificates simply worded and not confined to one day in the week.

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*Dr. John Divine*: M.D., University of Glasgow; President of Hull Medical Society. 1,000 patients on panel. Most of my patients are in regular employment—clerks, engineers, and workers in oil mills and flour mills.

During the past year I had about 2,600 attendances and visits. I have recorded the statistics of a number of doctors having 65,823 persons on their lists. In a period of 31 weeks, 25,158 were attended, and received an average of 5 visits each. Thirty per cent of the persons attended were given incapacity certificates. On an average, I may see about fourteen insured persons per day, counting surgery attendances as well as home visits. Statistics of work.

The insured persons who consult me do not do so unnecessarily. I think they should come to me with minor ailments, for it saves them from having serious ailments which would put them on sickness benefit. I have not found evidence of real malingering. Early attendance prevents much serious illness.

Under proper conditions, I think referees would be highly desirable. They should be appointed as whole-time men, by the commissioners or the insurance committee. They should be men who had had ten or fifteen years experience in private general practice and should receive 750 pounds a year with prospect of a pension. It is not wise to have part-time men—if possible to avoid it financially. They should be free of influences, so as to give an independent verdict. Whole-time referee desirable, with 10 years experience; should get 750 pounds a year.

I feel that conditions are very much better than in the days of private practice. We find we can give far better attention to these insured persons than we previously did to many of our patients. Now the question of remuneration is settled by the per capitum. The visits we make do not involve *extra* payment. The question of professional treatment is divorced from the financial one. We feel free to visit every day, if we think Question of remuneration and professional treatment divorced; hence better attendance to patients.

proper, until we feel quite sure that all cause for anxiety has passed away. Since the method of payment is capitation, the doctor finds it to his advantage to study his patient's case carefully and get rid of him by curing him as quickly as possible. At least this is my assumption.

Better pay under act.

The doctors are certainly getting better paid for their work under the insurance act than under old conditions.

Free choice valuable prerogative.

I consider that for most people the free choice of doctor is a valuable prerogative. Of course there is a certain class of bovine people who do not take much interest. About 23,000 out of 100,000 in Hull did not trouble to select a doctor at all, and had to be assigned by the insurance committee. On the whole I think the panel system is proving efficient.

Panel limit difficult to fix.

I do not think the time is ripe for interfering with the question of the number a doctor may have on his list. I know the question has been raised. I should say that what is true of a closely populated urban area would not be true of a scattered area.

Over-insurance does not induce malingering.

I do not think there is any malingering to speak of. It is very rare. And I have not much faith in the claim that over-insurance induces malingering. It is the character of the persons—their honestmindedness—that counts after all.

Pregnancy and maternity benefit most beneficial.

The giving of a definite money benefit for some weeks prior to and after confinement would solve many difficulties and would meet a great need for general improvement in the health of married women. It is difficult to state just when a pregnancy case ceases to be normal and becomes pathological.

Incapacity means not able to follow ordinary employment.

Doctors give certificates of incapacity when the insured person is unable to follow his ordinary employment—that is the only reasonable interpretation of incapacity. There are very few people who are so far incapacitated that they can not possibly do something.

Great need of dental work.

There is great need of dental work. I have found many patients who are really suffering from defective teeth.

Institutional equipment inadequate.

Institutional treatment is very often needed, and the present free accommodations are inadequate.

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*Dr. R. J. Farman*: M.D., University of London. From 1,300 to 1,350 on his list.

Advantages of insurance system for preventive medicine.

My patients are rather the upper working class, who were mostly my private patients before the act. They come to me for trivial things, as I tell them they should come in order that I may keep them well and prevent trivial complaints from developing into serious ailments. When they had to pay for each visit, as before the act, they would not do this.

Friction between doctors and societies disappearing.

The doctors and the friendly societies did not cooperate at all at first, as the doctors feared coming under the domination of the societies. This fear is disappearing, and cooperation will develop.

In my own practice I have not had occasion to put anything but the specific disease on certificates, but I can conceive of cases where it would not be well.

I think that medical referees would be beneficial. They should be appointed by the insurance committees, who would know the men of proper standing in the different areas better than the central authority would. A man could not be a real medical supervisor as well as referee. I do not see how you could ever get real supervision of general medical work. If you were to have referees, the whole-time referee would be much better suited to his work.

Medical referee should be appointed by insurance committee but could not be medical supervisor as well.

Since a large group of people had no adequate medical attendance prior to the insurance act, there is naturally of course considerable "arrears of sickness" during this first period of the act. If I might elaborate, for purposes of illustration: the great number of anæmic girls who suffer from indigestion are in that state, in many cases, because of bad teeth. Their mouths are being cleaned, the focus of the trouble removed, and we shall not have those people ill in the same way in the future. Things are quieting down already and we are seeing a marked falling off in the claims for medical benefit.

"Arrears of sickness" to be worked off in first period under the act.

I do not think it wise to give a pregnancy benefit in every case four or six weeks before confinement. Not many women in my district needed it beforehand.

Pregnancy benefit not always necessary.

I do not think patients should be allowed to transfer during the year. It should, however, be made very easy for them to transfer at the end of the year.

Transfer of patients.

The number of patients on a doctor's list should be decidedly restricted. Even in crowded London areas, 2,000 is as many as one man can look after.

Number on panel.

The great amount of sickness among the women is not due to false claims, but to the fact that their wages are small and they do not get enough good food.

High sickness rate of factory women.

Of course we find the need of consultants and specialists in our insurance work. We need help in diagnosis often, and we at present use the skilled staff at hospitals as gratuitous consultants. They do the work for charity, as they did before the act.

Consultant work under the act.

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*Dr. D. Turner Belding*: Member, Royal College of Surgeons, Insurance Committee for the County of Norfolk, Local Medical Committee, and Panel Committee; practicing in East Dereham. 500 on list.

There is need of a supervisor, not just a referee, who goes the rounds constantly, and who should be appointed by the commission. The profession and representatives of insurance societies believe that a whole-time man is necessary. The supervisor should be a consultant as well. The actual cases of malingering are very few, but a number could be taken off the list by proper supervision. There is a great medical difficulty in saying just when a man is "fit for work." Were there a

Manifold aid that a supervisor and consultant would render the doctor.

consultant or supervisor, it would often clear up many doubtful cases and remove the onus entirely from one man of taking a patient off the list. It is of great importance that the patient be seen by the medical supervisor in the presence of the practitioner in charge. A panel doctor is in one respect a state official, and there is no reason why he should not be supervised as is any other official of the state.

Half-pay certificates advantageous.

The giving of half-pay certificates is suggested for a man convalescing, who is able to do a half-day's work but not a whole day's work. This would save money for the funds, and likewise much loafing on the part of the patient.

Should be able to "declare off" on any day.

Declaring off certificates should not be confined to a certain day in the week, as the doctor can not truthfully say that he has seen all the cases on a certain day, and there is an enormous money leakage by that method.

Free choice beneficial.

A panel patient receives much better treatment than a club patient, since the former has free choice. Free choice is necessary, as a doctor can not work conscientiously or well if he is not working in harmony with his patient.

National Insurance has destroyed the voluntary spirit of friendly society work.

Arrears of sickness decreasing.

During the first year the act was in effect we were dealing with a large number of persons who previously had never had any adequate medical treatment, but in the second year this number was reduced considerably. The reason for the excess of doubtful claims among women is that they are chronically overworked and underpaid.

Pregnancy benefit important.

There should be a standard fixed of so many weeks' benefit prior to confinement and so many weeks afterwards, in all cases.

District nurses helpful.

The district nurses have been wonderfully helpful, especially among the poorer people, in giving directions and supervising.

No more antagonism of doctors toward act.

The doctors all fought the act up to the last day, and then accepted defeat gracefully. There is no feeling of antagonism now. The practice of many physicians is entirely insurance work.

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*Dr. Frederick John Smith*: M.D. University of Oxford, Fellow of the Royal College of Surgeons and of the Royal College of Physicians. Practices as a consulting physician in London.

Qualifications of medical referee.

The principle of medical referees is absolutely essential. A referee should have had at least ten years' experience in hospital out-patient work and should be at least forty years of age.

Check on diagnoses beneficial.

The general practitioner suffers from medical isolation, having no one to check him in his work and in his diagnoses. Effective supervision of general practice is impossible. It is important that the doctor report all cases and keep notes on their progress.

I should like to quote the following statement of a country doctor: "Honestly, there is no difference in my practice, except that I get paid now for what I used not to be paid for. I have the whole practice of the district, and I am perfectly happy under the panel system." Panel system satisfactory.

One physician, with 3,500 on his panel, said he could attend to all who were ill, but it was those with nothing the matter with them who took up most of his time and worried him. A large number of insured people came to him with the idea that they had better see the doctor and find out if there was anything the matter with them. Many take up doctor's time who are not ill.

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*Dr. J. E. Phillips*: Member, Royal College of Surgeons; Licentiate, Royal College of Physicians; has practiced in Malpas, Cheshire, for 13 years. 1,150 on panel.

A medical referee, in the confidence of the profession and of the officials concerned in the working of the act, would have a very large influence in persuading the doctors to be more careful in certification. Medical referee would reduce certification.

In appointing a referee for a certain district, it would be well to consult a local doctor, through a committee of two doctors and two friendly society officials.

There is no gratuitous treatment by dentists.

It is the opinion of many doctors that they would not like to go back to the old friendly society regime.

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*Dr. Amand Routh*: Fellow, Royal College of Physicians; Consulting Obstetric Physician at Charing Cross Hospital; has a number of other appointments and is author of many articles, chiefly obstetrical.

In modern times pregnancy is more or less a pathological state. It is advisable to give a pregnancy benefit for a few weeks prior to confinement, say six weeks, and a maternity benefit four weeks after confinement. The pregnancy benefit will result in inducing voluntary notification on the part of women, so as to get early medical supervision. The maternity benefit has a good effect upon women, as the month's rest prevents complications, and the women look forward to confinement now with much less dread than they used to. Pregnancy and maternity benefits advisable.

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*Dr. A. E. Broster*: Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons; Justice of the Peace for the County of Derby; Medical Officer of Health for the district of Wirksworth. 1,333 on panel.

I am very much better off under the act, as before I attended many patients for nothing, while now I am always paid. It is better to have a partnership if there is a panel of any size, for a check on diagnoses, etc. Better off under act.

Hospital cases are taken care of as charity cases. Accommodations are often inadequate, and there are generally waiting lists, but urgent cases are given immediate attention.

There is much debate upon the question of wording the certificate—the difference between "incapacity for usual occupation" and "incapacity for work."

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*Dr. H. F. Oldham*: Chairman of Panel Committee, Lancashire; nominated as witness by the British Medical Association. 212 on list—laborers, clerks, and domestic servants.

General willingness to certify specific disease.

There is no objection, generally speaking, to giving information which may be useful to the society in deciding a person's right to sick benefit, but we do feel that it would not be desirable in many cases to enter upon the certificate certain particulars which would be detrimental to a person's welfare.

Need of pregnancy benefit.

I think the medical maternity benefit should be made compulsory. Every woman should have a doctor in attendance during the confinement period. And if the health of the progeny is sought, she should be given a money payment for the four weeks preceding confinement and should be restrained from following her occupation.

Need of medical referee.

It would be very desirable to have a system of medical referees, who could be called in by the panel doctor, the society, or the insured man, to determine the man's eligibility to sickness benefit. I do not think it would be wise to establish him as a consultant. He should be a whole-time man and a general practitioner, not a specialist. He should decide only one question: "Is the patient legitimately entitled to sickness benefit, or not?"

Necessity of accurate diagnosis on certificate.

The doctors should certainly give an accurate statement of diagnosis on the certificate. The society is entitled to know what specific diseases are causing incapacity among its members. It is, however, often impossible to make accurate diagnosis at first visit. The first certificate should state simply incapacity, and the second certificate the specific disease.

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*Dr. J. A. Harrison*: M.B., C.M., Glasgow. 2,589 on list.

My patients are mostly within an area 4 miles long and 1 mile and a half wide. I have surgery hours from two to three in the afternoon, and from six to eight at night, though I am often at my surgery until four or four-thirty in the afternoon. I use a motor car in making my visits. I have a clerk and a qualified assistant. My assistant sees to dressings and sees people at times in the surgery.

From a medical point of view, I can report that in my district there was only private practice work done before the act. I have practiced there for years, and this winter I have seen less pneumonia than ever before. I attribute this to treating the colds earlier. Since patients do not have to pay for individual ailments, they come more readily, and it is possible to practice preventive medicine. I do not do as hard work since the act. I do not have as heavy visiting, and I attribute this to the fact that they come when they first feel sick and get their medicine which lasts them. They do not come to see me as often as they did before. I am getting fewer chronic abdominal troubles than I did. I do not say that this is due to the act—surgery has advanced so much—but it is true that I get the cases now at an earlier stage. Gain in health since act.

In regard to malingering—I feel that men are the biggest offenders, not women. There are not excessive claims for sickness benefit on the part of the women. The rate of sickness among insured women is higher than among insured men. Factory work, necessitating standing for hours at a time, inevitably causes trouble with women. They always get uterine troubles. Men, not women, the malingerers.

Forty-six per cent of the persons on my panel received treatment last year; 28.3 per cent of these got certificates. Of course, I used the test in granting certificates, "Is the man able to follow *his* occupation?" Statistics of work.

Speaking generally, the doctors were hostile to the insurance act at first, but they are not now. They are doing very nicely under it. Doctors' attitude toward act.

I have always stated the name of the disease on my certificates without any concealment. I have never had occasion to do otherwise. But I can imagine circumstances where a doctor would hesitate to do so.

I favor the appointment of medical referees (who need not be whole-time men) who come from a distance. Referees should not be specialists but should be general practitioners. I have wondered whether it would be possible to have medical boards instead. For instance, all the men in an area might sit in turn on the board, and no man would be a judge of his own case. I think the mere fact of serving on a medical board would have an educational effect on the practitioner. Need of referee work.

I think it should be made less easy for a patient to transfer from one doctor to another in order to get his certificates signed. There should be some check on it. And the societies should never pay sickness benefit on the signature of any but the panel doctor. Transfer of patients from doctor to doctor.

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*Dr. B. A. Richmond*: M.D., practicing in Bermondsey.

I am in partnership with four other gentlemen. We have about 7,200 insured persons among the five. We have two surgeries. Three of the partners work at one and have between

3,500 and 4,000 on their list, and between 3,000 and 3,500 are on the list of the other surgery.

Statistics of work.

We saw about 85 per cent of those on our list last year at our surgery. About one in ten got certificates of incapacity. Our patients are not the best paid workers. In fact, they are very badly housed.

High sickness rate of factory women.

The women are particularly badly off. They are constantly undernourished and anaemic. Their normal state is really one of illness, and they are very susceptible to all forms of disease. These factory women do heavy work at home in addition to their factory work.

Sickness disclosed by act.

I do not think we realized what the effect of the act would be in bringing to our knowledge the sickness that exists.

Need of consultant referee to assist in diagnosis and treatment.

There is great difficulty in certain cases, and the opinion of a consultant or referee would be invaluable. The societies of course want a referee to determine the question of sickness benefit claims, and the doctors want not only a referee but a consultant. I think the offices could be combined in one man. I would allow the three parties—the doctor, the society, and the insured person, to have access to the referee. I should like these men to be first of all consultants, so that they could assist in diagnosis of difficult cases and open up new suggestions with regard to treatment. You should be sure to pick out the finest sort of doctor whose opinion the panel doctor would respect. He should be paid about 1,000 pounds per year. If the referee were only to decide the question of incapacity for work, he would become out of touch with strictly professional work. He should assist in diagnosis and treatment. He should be a man of recent and extensive knowledge—one who comes in contact with hard cases, like a hospital man, rather than a general practitioner.

Some men give certificates just to favor patients and build up a practice. Of course the referee could prevent this. There should really be two kinds of referees: first, general referees, who would be consulting physicians and surgeons; and second, for employment in special or uncommon cases, whatever specialist was needed. The first class would be whole-time men; the second would be part-time men or else paid by a special fee per case.

Institutional and specialist treatment would be beneficial.

There is really pressing need of institutional treatment and specialist service. Even from the financial standpoint it would pay, as it would so greatly reduce claims for sickness benefit. We should have access, under the act, to X-ray work, bacteriological examinations, etc.

Sickness benefit for venereal disease sufferers.

I believe that from the point of view of public health the state should arrange to pay sickness benefit in case of venereal disease. Unless he has something to live on, he will not go to bed, and he can not be quickly cured unless he does go to bed.

Impossible to diagnose all cases on first visit.

Diagnosis on first visit, as asked for under the act, is unreasonable from a medical point of view. No one having any experience of medical practice would ask such a thing. A doctor can decide fairly well, at the first visit, whether the man

is too sick to work. The diagnostic difficulty is rather as to the nature of the illness.

Certificates should be made so that they could be signed off or on any day of the week. This insisting on signature on a certain day is an imposition on the doctor and on the funds. Need of simple certificates.

In regard to pregnancy, it would be much better to give a regular benefit for the last month before confinement than to try to determine the exact date of incapacity of the pregnant woman. Desirability of pregnancy benefit.

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*Dr. J. M. Clarke*: M.D., L.L.D., Fellow of Royal College of Physicians; Member of Royal College of Surgeons; Physician to Bristol General Hospital; pro-Vice Chancellor and Professor of Medicine at the University of Bristol.

I am appointed by the medical practitioners on the Bristol Insurance Committee. I do absolutely no panel work of course. I see a good many insured persons when they come to the hospital as charity patients.

I feel it is of vital importance that the doctors certify accurately the nature of the disease on the certificate. Of course there are certain cases in which it should not be told, for the sake of the patient, the exact disease. The depressing effect of knowledge often incapacitates the patient and hastens death. Need of definite certification of disease; when practicable.

I certainly think there ought to be a medical referee, independent of both societies and the doctor. He ought to see the patient and decide as to whether he is fit for work or not, either at the instance of the society, the doctor, or the insured person. Need of medical referee.

I would not make the medical referee a whole-time man, nor have him go into the treatment of the patient. If he discovered an error in diagnosis of the patient, he should report so to the panel doctor—but to the society he should report just on the question of capacity. Though I suppose you could have the diagnosis included in the report to the society, if you wished it. The panel doctor should be able to get help from the referee if he wished it. In order to have a referee who could direct treatment, you would have to have a series of referees, all specialists in various lines.

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*Dr. H. F. Devis*: Member of Royal College of Surgeons; Licentiate of Royal College of Physicians; on Bristol panel.

I have about 900 on my list, in the better working class district. I attended about 600 last year, and 283 had certificates. Statistics of work.

The general attitude of the Bristol doctors toward the act may be of interest. I have gathered the opinions of 55 men. Of course they vary, but in the main they are regarding the act with more favor as time goes on. Some think it the best thing Parliament ever did. Doctors' attitude toward act.

Need of simple certificate.

Very simple certificates should be used, and should b worded so that a man can certify incapacity any day in th week.

Practicability of specific diagnosis on certificate.

My own opinion coincides with that of other practitioners i Bristol in regard to stating the specific disease on the certif cate. I feel that it should be left entirely to the doctor's judg ment. In many cases it is bad for the patient to certify. I might be possible to give the society a confidential commun cation.

Need of medical referee.

The profession in Bristol favor the appointment of a medica referee, who should be a whole-time man, and preferably calle an *adviser*. The three parties—insured person, doctor, an society—should have free access to him. He should be a ma who has had great experience of this kind of industrial pra tice. He should be paid at least 700 pounds a year. He shoul not be allowed to interfere on the question of treatment.

The society should abide by the decision of the referee, an he should only be allowed to decide whether the insured perso is or is not entitled to sickness benefit. I think there is definit need for more cooperation between the friendly societies an the panel doctors. We have had one conference in Bristol. I was very satisfactory, and we plan to have others.

Importance of preserving professional confidence principle.

In regard to the principle of professional confidence, believe that it is the most important principle a doctor ha It is the foundation of a doctor's professional success, and i the interests of the community it should be safeguarded.

Statistics of work.

I have figures from 41 doctors representing 41,000 insure people. About 66 per cent of these people were treated in th last twelve months. About 10 per cent of the insured perso did not select a doctor and had to be assigned by the insuranc committee.

Voluntary referee system in Bristol.

We felt that we could not give effective service without medical adviser, so we undertook to pay part of his salary, an the societies pay the other part. This voluntary referee syste has been useful to us in our certification work. He does nc assist in diagnosis of disease. He assists in determining th single question of the insured person's capacity for work.

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